

Complete this form in accordance with applicable rules and/or statutes. If you have any questions regarding completion of this form, contact an attorney.

STATE OF MINNESOTA

FOURTH JUDICIAL DISTRICT

COUNTY OF HENNEPIN

DISTRICT COURT

JOINT STATEMENT OF CASE

\_\_\_\_\_  
*Plaintiff*

Case No. \_\_\_\_\_

vs

\_\_\_\_\_  
*Defendant*

Case Type \_\_\_\_\_

1. All parties have been served with process. The case is at issue and all parties have joined in the filing of this Joint Statement of the Case.
2. Estimated trial time: \_\_\_\_\_ days \_\_\_\_\_ hours (estimates less than a day must be stated in hours).
3. Jury is requested by the ☐ plaintiff ☐ defendant. (If this is a change from a court to a jury request, then a \$75 fee must be paid when filing this document).
4. Concise statement of the case including facts plaintiff(s) intend to prove and legal basis for claims:

\_\_\_\_\_  
\_\_\_\_\_

5. Concise statement of the case including facts defendant(s) intend to prove and legal basis for claims:

\_\_\_\_\_  
\_\_\_\_\_

6. List the names and addresses of witnesses known to either party that either party may call. Indicate the party who expects to call the witness and whether the party intends to qualify that witness as an expert. (Attach additional sheets if necessary).

Party	Name/Addresses of Witnesses	Please Indicate if Expert Witness
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Identify any party or witness who will require interpreter services, and describe the services (specifying language and, if known, particular dialect) needed.

\_\_\_\_\_  
\_\_\_\_\_

8. In claims involving personal injury, attach a statement by each claimant, whether by complaint or counterclaim, setting forth a detailed description of claimed injuries and an itemized list of special damages as required by the rule. Indicate whether parties will exchange medical reports.
9. In claims involving vehicle accidents, attach a statement describing the vehicles with information as to ownership and the name of insurance carriers, if any.

(If more space is needed to add additional information or parties, attach a separate sheet typed in the same format.)

The undersigned counsel have met and conferred this \_\_\_\_\_ day of \_\_\_\_\_ and certify the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature